

ITT Fluid Technology Corporation

ITT Aerospace Controls

1200 South Flower Street
Burbank, CA 91502
Telephone (818) 842-6131
Telex 358454

ITT

June 19, 1990

Mr. William Jones, M.S., Chief
Investigative Section
Hazardous Materials Control Program
County of Los Angeles
Department of Health Services
2615 South Grand Avenue, Room # 607
Los Angeles, California 90007

Dear Mr. Jones:

BUILDING 2 & 3 CONTAMINATED DEMOLITION DEBRIS AND CONTAMINATED
STOCKPILED SOIL WORKPLAN DATED 5/3/90.

I am writing in reference to your letter of 5/23/90, approving the above stated workplan. Your approval of the plan was contingent upon a number of items. The purpose of this correspondence is to provide you with the information requested in your letter and to obtain final approval for implementation of the plan.

The following provides the information you requested:

#2: Attached please find a copy of a California Extremely Hazardous Waste Disposal Permit we obtained from the Hazardous Waste Management Branch of the County DOHS, here in Burbank. The permit has been approved and is valid until 9/4/90. Your letter requested that we submit to you a copy of this permit (5) days prior to the implementation of the workplan. To our knowledge, this is the only permit that will be required to perform the work.

#3: You requested that we notify your office (3) three days prior to the implementation of this workplan. We would like to begin work on Monday, July 9, 1990. This is the date our contractor is available to perform the work and also when U.S. Ecology can arrange to accept the waste.

#4: You indicated that the approval was contingent upon implementing the workplan by June 22, 1990. Unfortunately, we were unable to obtain the permit and schedule the contractor and landfill within this time frame. As stated above, we request approval to implement the workplan beginning Monday, July 9, 1990.

#5: Dust control measures have been addressed by the contractor, CCD (Containerized Chemical Disposal, Inc.) please refer to Section II of the attached addendum.

AMC0005

Page Two

W. Jones - DOHS

6/19/90

#6: A copy of the Roy F. Weston Health & Safety Plan has been forwarded to CCD. CCD has agreed to incorporate the Weston plan into their initial H&S plan as outlined in Section II of their original 5/3/90 proposal.

7: Please refer to section I of the addendum for a completed site map which specifies the locations requested.

#8: Refer to Section III of the addendum for information regarding dump truck decontamination. It is not anticipated that the dump trucks will require decontamination.

If you have any questions or concerns, please feel free to contact me at any time at (818) 953-2119. Your cooperation and assistance are always appreciated.

Very Truly Yours.

ITT Aerospace Controls



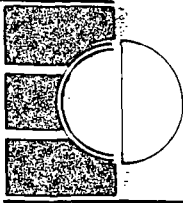
Teresa P. Holcomb

Safety & Environmental Administrator

cc: Elizabeth Lafferty & David Bacharowski, RWQCB
Philip Kani, County DOHS
ITT distribution
file

attachments

90 JUN 22 PM 12:00
CALIFORNIA AIRPORT
QUALITY CONTROL BOARD
LOS ANGELES REGION



10680 Silicon Ave., Montclair, CA 91763-4621

(714) 625-6645 (800) 233-3748
FAX (714) 624-8471

May 29, 1990


Teresa Holcomb
ITT Aerospace Controls
1200 S. Flower Street
Burbank, California 91502

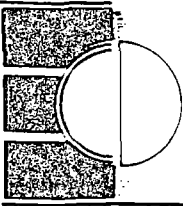
Dear Ms. Holcomb;

Attached per your request, is an addendum to be added to the work plan; to address items discussed in County of Los Angeles Department of Health Services letter to Mr. Cannoy on May 23, 1990.

Should you have any questions, please contact me.

Sincerely,


Francis Passarelli



10680 Silicon Ave., Montclair, CA 91763-4621

(714) 625-6645 (800) 233-3748
FAX (714) 624-8471

ADDENDUM TO SITE WORK PLAN

I) ITT Aerospace Control Site Map

- A) Truck entrance
- B) Truck exit
- C) Truck loading
- D) Truck tarping

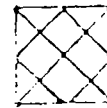
II) Dust Control

III) Dump Truck Contamination

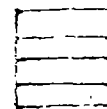
SITE MAP

WATER SOURCE

CHAIN LINK FENCE
 TRUCK LANE (EMPTY)
 TRUCK EGRESS (FULL)
 X-X-X LOADER ROUTE



CONTAMINATED SOIL

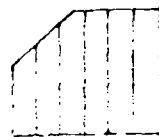


CONTAMINATED DEBRI

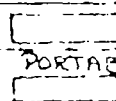


LOADER DECON AREA

CONCRETE SLAB

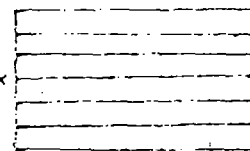
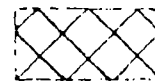


LOADING AREA

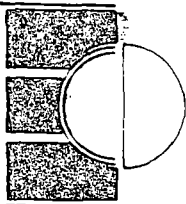


PORTABLE SCALES

X
X
X
X
X
X



FLOWER ST.

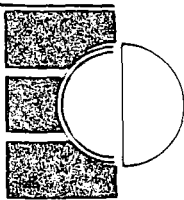


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(714) 625-6645 (800) 233-3748
FAX (714) 624-8471

II) Dust Control

In an effort to eliminate dust migration out of exclusion zone, a fine mist of water will be directed to the area the loader is removing stock-piled material from. And a fine mist of water will be directed, if needed, in the dumping into the dump trucks.



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FAX (714) 624-8471

III) Dump Truck Decontamination

It is not anticipated that the dump trucks will need to be decontaminated prior to leaving the facility.

All dump trucks will be covered in plastic sheeting while in loading area, in an effort to reduce the accumulation of rinseate.

Contaminated plastic sheeting will be added to the last end dump load.



COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES



313 NORTH FIGUEROA STREET • LOS ANGELES, CALIFORNIA 90012

Reply refer to:
2615 South Grand Avenue, Room 607
Los Angeles, CA 90007
(213) 744-

May 23, 1990

Gregory Cannoy, Personnel & Industrial Relations
ITT Aerospace Controls
1200 S. Flower Street
Burbank, CA 91502

RECEIVED
MAY 24 1990
DHS
CANNOY

5/29/90

Dear Mr. Cannoy:

BUILDING 2 & 3 CONTAMINATED DEMOLITION DEBRIS AND CONTAMINATED STOCKPILED SOIL WORKPLAN DATED MAY 3, 1990

This Department has completed a review of the subject workplan, dated May 3, 1990. Based on this review, an approval is hereby granted for implementation of the workplan. This approval is contingent upon you and your representative complying with the following:

1. The workplan shall be adhered to as approved. Any deviation or change must be submitted in writing and approved by this Department prior to implementation.
2. Permits and/or approvals for work associated with the workplan must be obtained from all appropriate agencies. Submit to this office copies of the required permits five (5) days prior to the implementation of the workplan.
3. Notify this office three (3) working days prior to the implementation of this workplan.
4. This workplan must be implemented by June 22, 1990.
5. Dust control measures shall be taken to eliminate dust migration out of the exclusion zone.
6. The health and safety portion of this document is approved provided onsite workers follow the approved Roy F. Weston health and safety plan as it pertains to the upgrade criteria for personal protective equipment.
7. Provide a site map which specifies the truck entrance, exit, loading location, and truck tarping locations.

Mr. Gregory Cannoy

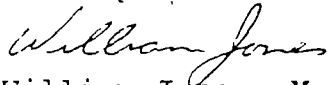
May 23, 1990

Page 2

8. Indicate if the dump trucks will need to be decontaminated prior to leaving the facility. If they do not need decontamination, please provide the justification for that decision.

If you have any questions, please feel free to call Philip V. Kani at (213) 744-5312 or (213) 744-3223.

Very truly yours,



William Jones, M.S., Chief
Investigative Section
Hazardous Materials Control Program

WJ:PK052290

cc: Elizabeth Lafferty, Regional Water Quality Control Board
Mukul Agarwal, State Department of Health Services
Teresa Holcomb, ITT

WASTE PRODUCER, PLEASE CHECK APPLICABLE PERMIT REQUEST:

XX New Permit
____ Renewal Permit (Current Permit No. _____ Date _____)
____ Amendment and (Current Permit No. _____ Date _____)
____ Verbal Permit (No. _____ Date _____)
(If given verbal emergency permit by telephone)

For Office Use Only:

Permit # 3-90060405Date Handled 6/04/90Date Sent JUN 8 1990Expires on 9/04/90
S.A.CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Hazardous Waste Management Branch

Section Offices:

714/744 P Street
Sacramento, CA 95814
(916) 322-23372151 Berkeley Way
Berkeley, CA 94704
(415) 540-20435545 East Shields Avenue
Fresno, CA 93727
(209) 291-6676107 South Broadway
Rm. 7011
Los Angeles, CA 90012
(213) 620-2380APPLICATION FOR
CALIFORNIA EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT*

Please type or print clearly. Provide all information requested, since omissions will result in delay or denial of permit. Allow 15 days process time from day of receipt.

WASTE PRODUCER:

Name of Firm ITT GENERAL CONTROLS in care of ITT AEROSPACE CONTROLSStreet and No. (Or P.O. Box) 1200 S. Flower StreetCity Burbank State CA Zip Code 91502Telephone No. (818) 953-2119 County Los AngelesPick Up Address (If Different) sameEPA I.D.# CAD 028247351Applicant Teresa P. Holcomb Title Safety & Environmental Administrator

PROPOSED HAULER:

Containerized Chemical Disposal, Inc.

I

Address

10680 Silicon AvenueMontclair, CA 91763(714) 625-6645EPA I.D.# CAT000611483 Hauler Reg. No. 0147PROPOSED DISPOSAL
(OR OTHER) FACILITY:

Address

U.S. Ecology, Inc.9200 Shelbyville Road, Suite #300P.O. Box 7246 Louisville, Kentucky 40207(702) 553-2203EPA I.D.# NVT 330010000PROPOSED METHOD
OF DISPOSAL:Burial X Ponding Storage Other (Specify) LandfillTreatment (Specify type) Recycle (Specify method of reuse)

WASTE PRODUCER, PLEASE CHECK APPLICABLE PERMIT REQUEST:

☐ New Permit
☐ Renewal Permit (Current Permit No. _____ Date _____)
☐ Amendment and (Current Permit No. _____ Date _____)
☐ Verbal Permit (No. _____ Date _____)
 (If given verbal emergency permit by telephone)

For Office Use Only:

Permit # 3-90060405Date Handled 6/04/90Date Sent JUN 8 1990Expires on 9/04/90

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Hazardous Waste Management Branch

Section Offices:

714/744 P Street
 Sacramento, CA 95814
 (916) 322-2337

2151 Berkeley Way
 Berkeley, CA 94704
 (415) 540-2043

5545 East Shields Avenue
 Fresno, CA 93727
 (209) 291-6676

107 South Broadway
 Rm. 7011
 Los Angeles, CA 90012
 (213) 620-2380

APPLICATION FOR
CALIFORNIA EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT*

Please type or print clearly. Provide all information requested, since omissions will result in delay or denial of permit. Allow 15 days process time from day of receipt.

WASTE PRODUCER:

Name of Firm _____

Street and No. (Or P.O. Box) _____

City _____

State _____

Zip Code _____

Telephone No. () _____

County _____

Pick Up Address (If Different) _____

EPA I.D.# _____

Applicant _____

Title _____

PROPOSED HAULER:

J-Cal Transportation _____

II

Address

514 E. Banning _____

Compton, CA 90262 _____

(213) 920-7709 _____

EPA I.D.# CAD 980814883 _____

Hauler Reg. No. _____

1209 _____

PROPOSED DISPOSAL (OR OTHER) FACILITY:Address

EPA I.D.# _____

PROPOSED METHOD OF DISPOSAL:

Burial _____ Ponding _____ Storage _____ Other (Specify) _____

Treatment (Specify type) _____

Recycle (Specify method of reuse) _____

APPLICATION FOR CALIFORNIA EXTREMELY HAZARDOUS WASTE PERMIT

Company ITT GENERAL CONTROLS City BURBANK Date 5/30/90

ADDITIONAL WASTES

Description of Waste:

(Including Composition with
Upper and Lower Concentration
of Hazardous Components)

Waste Component(s)

Upper

Lower

%

ppm

QUANTITY

On One Time Basis:
Number: Units:

Cyanide residue

650

0

☐

X

320

cu yds (total)

(Contaminated demolition
and construction debris and
stockpiled soil)

WASTE

2

On Year's Permit:

Per Disposal
(est'd)

Per Year (est'd)

Description of Packaging, Containerization and Transport: ☐ Drums ☐ Cartons ☐ Bottles ☐ Tank Truck☒ Other End Dump Trucks

PROPOSED METHOD

OF DISPOSAL

☐ Burial ☐ Ponding ☐ Storage** ☐ Incineration ☐ Other (Specify):☐ Treatment (Specify):☐ Recycling (Specify method of reuse):

Description of Waste:

(Including Composition with
Upper and Lower Concentration
of Hazardous Components)

Waste Component(s)

Upper

Lower

%

ppm

QUANTITY

On One Time Basis:
Number: Units:

WASTE

3

On Year's Permit:

Per Disposal
(est'd)

Per Year (est'd)

Description of Packaging, Containerization and Transport: ☐ Drums ☐ Cartons ☐ Bottles ☐ Tank Truck☐ Other

PROPOSED METHOD

OF DISPOSAL

☐ Burial ☐ Ponding ☐ Storage** ☐ Incineration ☐ Other (Specify):☐ Treatment (Specify):☐ Recycling (Specify method of reuse):

Description of Waste:

(Including Composition with
Upper and Lower Concentration
of Hazardous Components)

Waste Component(s)

Upper

Lower

%

ppm

QUANTITY

On One Time Basis:
Number: Units:

WASTE

4

On Year's Permit:

Per Disposal
(est'd)

Per Year (est'd)

Description of Packaging, Containerization and Transport: ☐ Drums ☐ Cartons ☐ Bottles ☐ Tank Truck☐ Other

PROPOSED METHOD

OF DISPOSAL

☐ Burial ☐ Ponding ☐ Storage** ☐ Incineration ☐ Other (Specify):☐ Treatment (Specify):☐ Recycling (Specify method of reuse):

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Hazardous Waste Management Branch

APPLICATION FOR
CALIFORNIA EXTREMELY HAZARDOUS WASTE DISPOSAL PERMIT

<u>DESCRIPTION OF WASTE</u> (Including Composition with Upper and Lower Concentration of Hazardous Components)	<u>CONCENTRATION</u>			<u>QUANTITY</u> (For year's permit give estimated quantity per disposal and per year)
	Upper	Lower	Units, % or ppm	
PCB's	700	0	ppm	320 cu yds (total)
(Contaminated demolition and construction debris and stockpiled soil)				
(Attach page(s) for additional wastes)				

DESCRIPTION OF PACKAGING: (Packaging, Containerization)

Drums _____ Cartons _____ Bottles _____ Tank Truck _____

Other End Dump Trucks

Specify method of packaging small containers

Packaging, containerization, and transport of the material shall be in accordance with Title 49, Code of Federal Regulations for hazardous materials, and with regulations of the California Highway Patrol, Title 13, California Administrative Code, for intrastate transport of hazardous materials and, for PCB-containing wastes, in accordance with U.S.E.P.A. regulations set forth in Title 40 CFR Part 761.

PERMIT TO BE USED FOR: (Length of Time)

Single Disposal XX

One Year Maximum for Multiple Disposals _____

PERMIT RENEWALS: (Application for renewal of a one-year blanket permit, using this form, must be received at least 15 days prior to expiration date to keep permit in effect).

Signature of Applicant *James C. Holcom* for ITT

Company and City ITT General Controls / Burbank

Date 5/30/90